

California Resident Income Tax Return 2010

540 2EZ C1 Side 1

Your first name	Initial	Last name	Your SSN or ITIN	P AC A R RP
If joint return, spouse's/RDP's first name	Initial	Last name	Spouse's/RDP's SSN or ITIN	
Address (number and street, PO Box, or PMB no.)			Apt. no./Ste. no.	
City			State	ZIP Code

Date of Birth

Taxpayer (mm/dd/yyyy) ____/____/____
 Spouse/RDP (mm/dd/yyyy) ____/____/____

Prior Name If you filed your 2009 tax return under a different last name, write the last name only from the 2009 tax return.

Taxpayer _____
 Spouse/RDP _____

Filing Status **Filing Status.** Fill in the circle for your filing status. See instructions, page 6.

Fill in only one.

1 Single
 2 Married/RDP filing jointly (even if only one spouse/RDP had income)
 4 Head of household. STOP! See instructions, page 6.
 5 Qualifying widow(er) with dependent child. Year spouse/RDP died _____.

If your California filing status is different from your federal filing status, fill in the circle here

Exemptions

6 If another person can claim you (or your spouse/RDP) as a dependent on his or her tax return, even if he or she chooses not to, you **must** see the instructions, page 6 **6**

7 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 **7**

Dependent Exemptions

8 Number of dependents. Enter name and relationship (**Do not include yourself or your spouse/RDP**). ... **8**

Taxable Income and Credits

Whole dollars only

9 Total wages (federal Form W-2, box 16). See instructions, page 7 **9** _____ 0.0

10 Total interest income (Form 1099-INT, box 1). See instructions, page 7 **10** _____ 0.0

11 Total dividend income (Form 1099-DIV, box 1a). See instructions, page 7. **11** _____ 0.0

12 Total pension income _____ See instructions, page 7. Taxable amount. **12** _____ 0.0

13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a). See instructions, page 7 **13** _____ 0.0

14 Unemployment compensation **14** _____ 0.0

15 U.S. social security or railroad retirement benefits . **15** _____ 0.0

16 Add line 9, line 10, line 11, line 12, and line 13. **Do not include line 14 and line 15.** **16** _____ 0.0

17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. **Caution:** If you filled in the circle on line 6, **STOP**. See instructions, page 7, Dependent Tax Worksheet. **17** _____ 0.0

18 Senior exemption: See instructions, page 8. If you are 65 and entered 1 in the box on line 7, enter \$99. If you entered 2 in the box on line 7, enter \$198. **18** _____ 0.0

19 Nonrefundable renter's credit. See instructions, page 8 **19** _____ 0.0

20 **Credits.** Add line 18 and line 19. **20** _____ 0.0

21 **Tax.** Subtract line 20 from line 17. If zero or less, enter -0- **21** _____ 0.0

Enclose, but do not staple, any payment.

Your name: _____ Your SSN or ITIN: _____

Overpaid Tax/ Tax Due	21a Enter the amount from Side 1, line 21	21a _____	0.00
	22 Total tax withheld (federal Form W-2, box 17 or Form 1099-R, box 10)	22 _____	0.00
	23 Overpaid tax. If line 22 is more than line 21a, subtract line 21a from line 22	23 _____	0.00
	24 Tax due. If line 22 is less than line 21a, subtract line 22 from line 21a. See instructions, page 8	24 _____	0.00

Use Tax **25** Use tax. **This is not a total line.** See instructions, page 8 . ● **25** _____ **0.00**

Voluntary Contributions

	Code	Amount		Code	Amount
CA Seniors Special Fund. See page 11	● 400	_____00	CA Peace Officer Memorial Foundation Fund	● 408	_____00
Alzheimer's Disease/Related Disorders Fund	● 401	_____00	CA Sea Otter Fund	● 410	_____00
CA Fund for Senior Citizens	● 402	_____00	CA Cancer Research Fund	● 413	_____00
Rare and Endangered Species Preservation Program	● 403	_____00	Arts Council Fund.	● 415	_____00
State Children's Trust Fund for the Prevention of Child Abuse.	● 404	_____00	CA Police Activities League (CALPAL) Fund	● 416	_____00
CA Breast Cancer Research Fund	● 405	_____00	CA Veterans Homes Fund	● 417	_____00
CA Firefighters' Memorial Fund	● 406	_____00	Safely Surrendered Baby Fund	● 418	_____00
Emergency Food For Families Fund.	● 407	_____00			

26 Add amounts in code 400 through code 418. These are your total contributions. ● **26** _____ **0.00**

Amount You Owe **27 AMOUNT YOU OWE.** Add line 24, line 25, and line 26. If line 23 is less than line 25 and line 26, enter the difference here. See instructions, page 9 (**Do Not Send Cash**). Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **27** _____ **0.00**

Pay online – Go to ftb.ca.gov and search for **web pay**.

Direct Deposit (Refund Only) **28 REFUND OR NO AMOUNT DUE.** Subtract line 25 and line 26 from line 23. See instructions, page 9. Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** ● **28** _____ **0.00**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 28) is authorized for direct deposit into the account shown below:

Checking
 Savings
 ● Routing number ● Type ● Account number ● **29** Direct deposit amount _____ **0.00**

The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below:

Checking
 Savings
 ● Routing number ● Type ● Account number ● **30** Direct deposit amount _____ **0.00**

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this return is true, correct, and complete.

Sign Here Your signature _____ Spouse's/RDP's signature (if filing jointly, both must sign) _____ Daytime phone number (optional) _____
 It is unlawful to forge a spouse's/RDP's signature. X _____ X _____ Date _____

Your email address (optional). Enter only one email address. _____

Joint return? See instructions, page 10. Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) ● Paid Preparer's PTIN/SSN _____
 Firm's name (or yours if self-employed) ● FEIN _____
 Firm's address _____

Do you want to allow another person to discuss this return with us (see page 10)? ● Yes No

Print Third Party Designee's Name _____ Telephone Number _____